

SOR2 Organization & Program Information

Select the organization/contract for which you are filling this form out.

- ☐ ADDS
- ☐ ASAC
- ☐ CADS
- ☐ CFR
- ☐ Crossroads
- ☐ Heartland
- ☐ HoM
- ☐ Jackson Recovery Area 1
- ☐ Jackson Recovery Area 4
- ☐ NEIMH
- ☐ New Opportunities
- ☐ Pathways
- ☐ Prairie Ridge
- ☐ Prelude
- ☐ SASC
- ☐ SATUCI
- ☐ SIEDA
- ☐ UCS
- ☐ Zion

Select the quarter for which this form is being filled.

- ☐ Quarter 1 (Sept. 30, 2020 - Dec. 31, 2020)
- ☐ Quarter 2 (Jan. 1, 2021 - March 31, 2021)
- ☐ Quarter 3 (April 1, 2021 - June 30, 2021)
- ☐ Quarter 4 (July 1, 2021 - Sept. 29, 2021)

How many SOR2 admissions (completed GPRA intake) did your organization complete this quarter?

OUD and StimUD Treatment

Which of the three FDA approved medications for MAT does your agency offer to clients?
(select all that apply)

- ☐ Buprenorphine
- ☐ Methadone
- ☐ Naltrexone

Which of the following buprenorphine formats does your agency offer?

- ☐ Tablet
- ☐ Film
- ☐ Injection

How many unique SOR2 clients obtained each of the FDA approved medications for OUD during this quarter from your agency?

| | Number of unique SOR2 clients | Number of unique SOR2 clients | Number of unique SOR2 clients |
|---------------|----------------------------------|----------------------------------|----------------------------------|
| Buprenorphine | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Methadone | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Naltrexone | <input type="text"/> | <input type="text"/> | <input type="text"/> |

How many unique clients have received treatment services for Stimulant Use Disorder under SOR2 funds this quarter?

HIV and Viral Hepatitis Testing

Fill in the number of **rapid HIV tests** provided on-site to SOR2 clients this quarter according to their associated reactivity and confirmatory status. If none, please fill in the number 0.

| | Number of Non-reactive Tests | Number of Reactive Tests |
|--------------------------|------------------------------|--------------------------|
| Rapid 1-Minute HIV Tests | <input type="text"/> | <input type="text"/> |

Number of Non-reactive Tests

Number of Reactive Tests

Rapid 20-Minute HIV
Tests

Fill in the number of **HIV testing referrals** provided to SOR2 clients during this quarter.

Fill in the number of **HIV-PrEP referrals** provided to SOR2 clients during this quarter.

Fill in the **number of Rapid HCV Tests provided on-site** according to their reactivity and confirmatory status. If none were provided this quarter, please fill in the number 0.

Number of Non-reactive Tests

Number of Reactive Tests

Number of Rapid 20
min. HCV Tests

Fill in the **number of HCV testing referrals** to SOR2 clients within this quarter. If none, please write 0.

Please fill in the number of **referrals for vaccinations provided for Hepatitis A and B**. If none, please write 0.

Number of Referrals

Hepatitis A Vaccine
ReferralsHepatitis B Vaccine
Referrals

Describe any barriers to the implementation of **HIV & HCV testing**.

Describe any barriers to the implementation of **HIV and viral hepatitis testing and vaccine referrals**.

Overdose & Naloxone

How many **Naloxone Kits and/or vouchers**, have you distributed to the following populations within this quarter? If none, please type 0.

Number of Naloxone Kits

First Responders

Client and Client's
family/friends

Community Service
Organizations

Other (please describe)

How many naloxone kits did your agency purchase using SOR funds during this quarter?

How many confirmed and/or reported overdose reversals were attributed to the naloxone your agency provided within the last quarter? If you are not aware of any, please write 0.

Training

How many trainings were provided by your agency (or subcontracted through your agency) using SOR funds within this quarter?

How many people were trained by your agency (or subcontracted through your agency) using SOR funds within this quarter?

Health Equity & Reflection

Select all **health equity initiatives** your SOR2 program has engaged in during this quarter.

- ☐ Trainings
- ☐ Coordination of Community Events
- ☐ Participation in Workgroups and Community Meetings

- ☐ Targeted outreach to underserved groups
- ☐ Other (please describe)

Please share a success of SOR2 efforts within this quarter (non-prevention efforts only).

Please share a success of SOR2 prevention efforts within this quarter (prevention only).

Confirmation of Completion

I confirm that I will submit a correspondence in IowaGrants stating I have completed the quarterly report.

☐ Yes

Powered by Qualtrics

